

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state  
s, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

33611

1 PLACE OF DEATH

Linn

County

58

Township

or

Village

or

City

Brookfield

Registration District No.

496

File No.

Primary Registration District No.

3025

Registered No.

74

(NO. 723, Brunswick

St. 3

Ward)

[If death occurred in a  
hospital or institution,  
give its NAME instead  
of street and number.]

2 FULL NAME

George White

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE

MARRIED

WIDOWED

OR DIVORCED

(Write the word)

Married

6 DATE OF BIRTH

April

6

1

1861

(Month)

(Day)

(Year)

7 AGE

72

6

mos.

ds.

If LESS than

1 day, hrs.

or min.?

Retired

8 OCCUPATION

(a) Trade, profession, or  
particular kind of work

Bridge Foreman

for C.B. & Q.

R.R. Co.

(b) General nature of industry  
business or establishment in  
which employed (or employer)

9 BIRTHPLACE

Ratliffe, on trent

(City or town,  
State or foreign country)

England

10 NAME OF  
FATHER

John White

11 BIRTHPLACE  
OF FATHER

England

(City or town, State or foreign country)

12 MAIDEN NAME  
OF MOTHER

Caroline Connt.

13 BIRTHPLACE  
OF MOTHER

England

(City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Carl White

(Address) Brookfield, Mo

15

Filed 10-8-1933

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Oct. 6th

1933

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY, that I attended deceased from

Aug 1, 1933, to Oct 6, 1933

that I last saw him alive on Oct 5, 1933

and that death occurred, on the date stated above, at 12:30 p.m.

The CAUSE OF DEATH was as follows:

Acute dilation of heart

95103

Obd. Corder

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary)

Discharge

(Sign) Brookfield, Mo

191 (Address)

State the Disease Causing Death, or, in death from Violent Causes, state

(1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients,  
or Recent Residents)

At place 49 yrs. mos. ds. In the  
of death State yrs. mos. ds.

Where was disease contracted  
if not at place of death?

Former or usual residence England

19 PLACE OF BURIAL OR REMOVAL  
Rose Hill cemetery  
20 UNDERTAKER  
C.W. Hill, Brookfield, Mo.  
DATE OF BURIAL  
Oct. 8th. 1933  
ADDRESS

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 8 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid

use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)